				Office use only
Make checks payable to: Treasurer State of Maine	State of Maine, De State Street, 41 St	partment of Inlai	ermit Application nd Fisheries & Wildlife Augusta, Me. 04333-004	1
New Applicant 079	5 Fee: - \$20.00	ux 20/20/00	55 I	
Renewal Applicant 17	95 Fee: - \$15.00	Last vear lice	ensed	User Type Change
Guide 8795- No Fee	·	_		
Name			Date of	fBirth
last	firs	t	mi	<u></u>
			Social Security #/Fed	eral Id#
Home Mailing Address				
Mailing Address street or box		town/city	state	zip code
Physical Addressstreet or box	#	town/city	state	zip code
Legal Residence (town)		•		e#
	(state & zip code if di	fferent from above)		
Physical Description: height	weight	hair	eyes sex	Phone #
Camp Name				
Campivanic				
Camp Address				
Camp Director				
Campbiletoi				
Applicant Signature			Date	
New applicants completing the	e camp trip leader	safety course:	(to be completed by instr	uctor)
Course Location & Address				
Instructor Name			Score of	Candidate
The Candidate has the prerequisit to the Camp Trip Leader Safety C written examination administered (Please sign below.)	Course procedure an	d has successful	ly completed a Camp Trip	
Course Instructor			Date	
CampDi	rector		Date	
_				

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Score	
Corrected by	
New Applicants - Special Application Permit	
tation of current CPR and First Aid certification must be	line and all information on this side of application. Documene provided to Inland Fish and Wildlife. Completion of water all documents, application and appropriate fee must be sent eation.
has the prerequisite (Applicants name)	es listed in the Department of Inland Fisheries and Wildlife rules
and regulations governing the Camp Trip Leader Specia	al Application procedure. (Please sign below.)
Applicant's Signature	Camp Director's Signature
Please send written examination to:	

^{*} NEED **HOME** ADDRESS - NOT THE CAMP.